

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 3:04 pm, Jun 02, 2014

Complete this report at the time of the regular mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and w	henever it is placed i	* ·		
INTOX DMT SN NAME OF AGENCY 500155 Missouri State Highway Patrol			05/28/2014		
LOCATION OF INSTRUMENT (STREET AND CITY) 215 North Franklin Street, Kirksville, Missouri			TIME OF INSPECTION 11:24:08		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfacte be corrected before using	ory or is operating wit	hin established limits. (W	/rite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>05/28/2014 11:24:09</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2					
☑ BREATH TUBE 47.7°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD		COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER_ILMO	LOT#_2	1913080A4	EXP. DATE <u>09</u>	/01/2015	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATO	R SN	SIMULATOR EXP DAT	E	
 □ CALIBRATION CHECK - (ONLY ONE STAIR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ B □ 0.08% STANDARD - MUST READ B □ 0.04% STANDARD - MUST READ B 	o the standard being user ETWEEN 0.095% AND 0 ETWEEN 0.076% AND 0	d. D.105% INCLUSIVE D.084% INCLUSIVE	nd must nave a spread		
TEST 1: 0.078	TEST 2: 0.078		TEST 3: 0.078		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 0 .	0509: 0	1014: 0	,15-,19: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) Placing instrument into service at the Adair County jail.					
INSPECTING OFFICER SIGNATURE CPL 5711-4173		RINT FULL NAME ERIC F BROWN			
TYPE II PERMIT NUMBER 240146	EXPIRATION DATE 04/21/2016	TELEPHONE NUM 660-385-2			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901					



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 6265 I-0790 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID:

5180

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

21913080A4

Expiration:

9/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Component:

Concentration:

Accuracy:

Method:

Ethanol

208.4 ppm

+/- 0.002 or 2% **BAC** whichever NDIR

Nitrogen

Balance

is greater

*NIST Standard Reference Material Cylinder No. CC14290 / Job No. 09160202 Certified 212.8 µmol/mol Ethanol in Nitrogen for ILMO Products Co., Jacksonville, IL

Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690

www.alcoholtest.com

STANDARD CHANGE

Missouri State Highway Patrol

INTOX dmt: 500155

Date: 05/28/2014 Time: 11:18:52

OPERATOR NAME:

ERIC F BROWN

PERMIT NUMBER: 240146

EXPIRATION DATE: 04/21/2016

LOT #: 21913080A4 SUPPLIER: ILMO

EXPIRATION: 09/01/2015 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.080

TARGET: 0.077

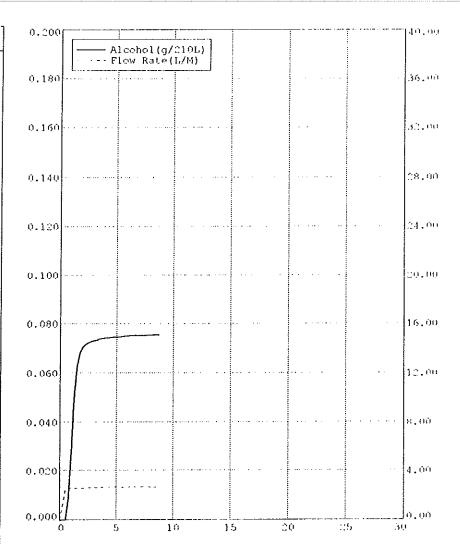
 BLANK TEST
 0.000
 11:19

 INTERNAL STANDARD
 VERIFIED
 11:19

 EXTERNAL STANDARD
 0.076
 11:20

 BLANK TEST
 0.000
 11:21

Average = 0.0760 Std Dev = 0.0000 Spread = 0.0000



CPL CAR #173



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

ERIC F BROWN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

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DATE4/21/2014	Lund
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240146	Gal Vasterly
EXPIRES 4/21/2016	
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

` 580-0771 (6-10)

LAB-4 (R6-10)

